

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>				1. CONTRACT ID CODE		PAGE OF PAGES 1 15	
2. AMENDMENT/MODIFICATION NO. 0027		3. EFFECTIVE DATE 10/01/2014		4. REQUISITION/PURCHASE REQ. NO.		5. PROJECT NO. (If applicable)	
6. ISSUED BY EMCBC U.S. Department of Energy EM Consolidated Business Center 250 E. 5th Street, Suite 500 Cincinnati OH 45202		CODE 03001		7. ADMINISTERED BY (If other than Item 6) Richland Operations Office U.S. Department of Energy Richland Operations Office P.O. Box 550, MSIN A7-80 Richland WA 99352		CODE 00601	
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)  HPM CORPORATION Attn: LAURA MILLS 4304 W. 24TH AVE. SUITE 100 KENNEWICK WA 99382320				(x)		9A. AMENDMENT OF SOLICITATION NO.	
				x		9B. DATED (SEE ITEM 11)	
				x		10A. MODIFICATION OF CONTRACT/ORDER NO. DE-EM0002043	
				x		10B. DATED (SEE ITEM 13) 06/08/2012	
CODE 012911892		FACILITY CODE					
<b>11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS</b>							
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended. <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.							
12. ACCOUNTING AND APPROPRIATION DATA (If required)							
<b>13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.</b>							
CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.						
X	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).						
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:						
	D. OTHER (Specify type of modification and authority)						
<b>E. IMPORTANT:</b> Contractor <input type="checkbox"/> is not. <input checked="" type="checkbox"/> is required to sign this document and return <u>1</u> copies to the issuing office.							
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)							
Tax ID Number: 91-2131802							
DUNS Number: 012911892							
Occupational Medical Services for DOE Hanford Site.							
1. Pursuant to Clause I.28, FAR 52.217-9, Option to Extend the Term of the Contract, this modification exercises the Option Period, as defined in Clause F.1, Period of Performance, to extend the contract for the period of October 1, 2014, through September 30, 2015.							
2. This modification also incorporates the Fiscal Year (FY) 2015 Performance Evaluation and Measurement Plan (PEMP) in accordance with Contract Sections B.18 and H.18.							
Continued ...							
Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as heretofore changed, remains unchanged and in full force and effect.							
15A. NAME AND TITLE OF SIGNER (Type or print)				16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)			
				John J. Wiltshire			
15B. CONTRACTOR/OFFEROR		15C. DATE SIGNED		16B. UNITED STATES OF AMERICA		16C. DATE SIGNED	
(Signature of person authorized to sign)				Signature on File		07/29/2014	
				(Signature of Contracting Officer)			

NSN 7540-01-152-8070  
Previous edition unusable

STANDARD FORM 30 (REV. 10-83)  
Prescribed by GSA  
FAR (48 CFR) 53.243

<b>CONTINUATION SHEET</b>	REFERENCE NO. OF DOCUMENT BEING CONTINUED DE-EM0002043/0027	PAGE	OF
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NAME OF OFFEROR OR CONTRACTOR  
HPM CORPORATION

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>3. This is a zero dollar modification.</p> <p>4. All other terms and conditions remain unchanged.</p> <p>LIST OF CHANGES: Reason for Modification : Exercise an Option Total Amount for this Modification: \$0.00 New Total Amount for this Award: \$101,377,356.34</p> <p>CHANGES FOR LINE ITEM NUMBER: 5 Exercised option</p> <p>CHANGES FOR LINE ITEM NUMBER: 6 Exercised option</p> <p>CHANGES FOR LINE ITEM NUMBER: 7 Exercised option</p> <p>Payment: OR for Richland U.S. Department of Energy Oak Ridge Financial Service Center P.O. Box 4307 Oak Ridge TN 37831 Fund: 00000 Appr Year: 0000 Allottee: 00 Report Entity: 000000 Object Class: 00000 Program: 0000000 Project: 0000000 WFO: 0000000 Local Use: 0000000 FOB: Destination Period of Performance: 10/01/2012 to 09/30/2018</p> <p>Change Item 00005 to read as follows (amount shown is the total amount):</p>				
00005	<p>OCCMED Hanford - Option Period 1 (Year Three) FPAF Line item value is: \$11,903,903.00 Incrementally Funded Amount: \$0.00</p> <p>Change Item 00006 to read as follows (amount shown is the total amount):</p>				11,903,903.00
00006	<p>OCCMED Hanford - Option Period 1 (Year Three) Cost Reimbursement Line item value is: \$4,266,000.00 Incrementally Funded Amount: \$0.00</p> <p>Change Item 00007 to read as follows (amount shown Continued ...</p>				4,266,000.00

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
DE-EM0002043/0027

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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	is the total amount):				
00007	OCCMED Hanford - Option Period 1 (Year Three) IDIQ				0.00